
State: Arkansas **Filing Company:** ING Life Insurance and Annuity Company
TOI/Sub-TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium
Product Name: 157960 (01/13)
Project Name/Number: 157960 (01/13)/157960 (01/13)

Filing at a Glance

Company: ING Life Insurance and Annuity Company
Product Name: 157960 (01/13)
State: Arkansas
TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable
Sub-TOI: A02.1G.002 Flexible Premium
Filing Type: Form
Date Submitted: 01/18/2013
SERFF Tr Num: INGD-128829155
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 157960 (01/13)

Implementation
Date Requested:
Author(s): Michele Michaud
Reviewer(s): Linda Bird (primary)
Disposition Date: 01/24/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State:	Arkansas	Filing Company:	ING Life Insurance and Annuity Company
TOI/Sub-TOI:	A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium		
Product Name:	157960 (01/13)		
Project Name/Number:	157960 (01/13)/157960 (01/13)		

General Information

Project Name: 157960 (01/13)	Status of Filing in Domicile: Pending
Project Number: 157960 (01/13)	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 01/24/2013	
State Status Changed: 01/24/2013	Deemer Date:
Created By: Michele Michaud	Submitted By: Michele Michaud
Corresponding Filing Tracking Number:	

Filing Description:

RE: ING Life Insurance and Annuity Company, NAIC 86509, FEIN 71-0294708
Flexible Income Enrollment Form 157960 (01/13)

The captioned Group Annuity Enrollment form is being submitted for your review and approval.

This is a new form and will be used to enroll applicants in our group Single Premium Immediate Annuity Contract SPIA(GR)99 approved by your office on 4/8/99.

It contains no unusual or possibly controversial provisions from normal company or industry standards.

The attached application may be completed and sent to us as a paper file or it may be completed and submitted electronically.

This document is submitted in PDF format, subject to only minor modification in paper size and stock, company logo, adaptation to computer printing and inclusion of bar codes.

We appreciate your efforts and attention to this filing. Please do not hesitate to call me if you have any questions or need any additional information to help assist in your review at (860) 580-2825, or Email: michele.michaud@us.ing.com.

Company and Contact

Filing Contact Information

Michele Michaud, Contract Analyst	Michele.Michaud@us.ing.com
One Orange Way	860-580-2825 [Phone]
Windsor, CT 06095	860-580-4842 [FAX]

Filing Company Information

ING Life Insurance and Annuity Company	CoCode: 86509	State of Domicile: Connecticut
One Orange Way	Group Code: 229	Company Type:
Windsor, CT 06095	Group Name:	State ID Number:
(800) 654-8065 ext. [Phone]	FEIN Number: 71-0294708	

State: Arkansas **Filing Company:** ING Life Insurance and Annuity Company
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
ING Life Insurance and Annuity Company	\$50.00	01/18/2013	66675610

SERFF Tracking #:	INGD-128829155	State Tracking #:		Company Tracking #:	157960 (01/13)
State:	Arkansas	Filing Company:	ING Life Insurance and Annuity Company		
TOI/Sub-TOI:	A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium				
Product Name:	157960 (01/13)				
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/24/2013	01/24/2013

State:	Arkansas	Filing Company:	ING Life Insurance and Annuity Company
TOI/Sub-TOI:	A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium		
Product Name:	157960 (01/13)		
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Disposition

Disposition Date: 01/24/2013

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Flexible Income Enrollment Form		Yes

State:	Arkansas	Filing Company:	ING Life Insurance and Annuity Company
TOI/Sub-TOI:	A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium		
Product Name:	157960 (01/13)		
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Form Schedule

Lead Form Number: 157960 (01/13)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Flexible Income Enrollment Form	157960 (01/13)	AEF	Initial		0.000	157960 11713 Brkt Most.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

**ING FLEXIBLE INCOME ENROLLMENT FORM
GROUP SINGLE PREMIUM IMMEDIATE ANNUITY (SPIA)
FIXED/VARIABLE COMBINATION**

ING Life Insurance and Annuity Company

A member of the ING family of companies

Payout Services

PO Box 990063, Hartford, CT 06199-0063

Phone: 800-238-6273, Option 3 Fax: 800-435-5366



As used on this form, the term "ILIAC," "the Company," "we," "us" or "our" refers to your plan's funding agent and/or administrative services provider. Contact us for more information.

IMPORTANT NOTICES

To help the government fight the funding for terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you apply for an annuity, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Below are notices that apply only in certain states. Please read the following carefully to see if any apply in your state.

Alaska: Information provided by the applicant are representations and not warranties.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

California Reg. 789.8: The sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation. You or your agent may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Illinois Civil Union Notice: Effective June 1, 2011, for contracts issued in Illinois, the Company is in compliance with the Illinois Religious Freedom Protection and Civil Union Act (Public Act 96-1513) to the extent allowed pursuant to the federal Defense of Marriage Act of 1996 ("DOMA").

Illinois Public Act 96-1513 ("The Act") provides that civil union couples as defined in the Act are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded or recognized by the laws of Illinois to spouses in a marriage.

Under DOMA, however, certain favorable federal tax treatment available to opposite-sex spouses is not available to same-sex spouses or partners in a civil union, e.g. spousal continuation. If you are a same-sex spouse or civil union partner, we suggest that you consult with a tax advisor prior to purchasing an annuity contract, such as this one, which provides spousal benefits.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana, New Mexico, and Rhode Island: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: The federal Defense of Marriage Act states that neither civil union partners nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax adviser.

New Jersey: Any person who includes any false or misleading information on an application for an annuity is subject to criminal and civil penalties.

IMPORTANT NOTICES *(Continued)*

[Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.]

Virginia: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

[Washington D.C.: WARNING - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Arkansas, Hawaii, Maine, and Tennessee: Any person who knowingly and with intent to injure, defraud or deceive any insurance company, submits an application for insurance containing any materially false, incomplete, or misleading information, or conceals for the purpose of misleading, any material fact, is guilty of insurance fraud, which is a crime and in certain states, a felony. Penalties may include imprisonment, fine, denial of benefits, or civil damages.

**ING FLEXIBLE INCOME ENROLLMENT FORM
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Your future. Made easier.®

As used on this form, the term "ILIAC," "the Company," "we," "us" or "our" refers to your plan's funding agent and/or administrative services provider. Contact us for more information.

1. PLAN INFORMATION

Plan Name _____ Plan # _____

2. CERTIFICATE HOLDER INFORMATION

Name (last, first, middle initial) _____

Street Address (PO boxes are not permitted.) _____

City _____ State _____ ZIP _____

Mailing Address (If different than above.) _____

City _____ State _____ ZIP _____

Home Phone _____ Business Phone _____

SSN/TIN (Required) _____ Date of Birth (mm/dd/yyyy) _____ ☐ Male ☐ Female

E-mail Address _____

3. ANNUITANT INFORMATION (If different from Certificate Holder. For a qualified Plan, Annuitant and Certificate Holder **must** be the same person.)

Name (last, first, middle initial) _____

Street Address (PO boxes are not permitted.) _____

City _____ State _____ ZIP _____

Mailing Address (If different than above.) _____

City _____ State _____ ZIP _____

Home Phone _____ Business Phone _____

SSN/TIN (Required) _____ Date of Birth (mm/dd/yyyy) _____ ☐ Male ☐ Female

E-mail Address _____

4. JOINT ANNUITANT (Complete for Joint Lifetime Options only.)

Name (last, first, middle initial) _____

Relationship _____

SSN/TIN (Required) _____ Date of Birth (mm/dd/yyyy) _____ ☐ Male ☐ Female

5. TYPE OF CERTIFICATE

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> 457 Governmental | <input type="checkbox"/> Non-Qualified Annuity | <input type="checkbox"/> 401(a) Qualified Plan | <input type="checkbox"/> Corporate Non-Qualified
Deferred Compensation Plan |
| <input type="checkbox"/> 457 Non-Profit | <input type="checkbox"/> 408(b) IRA | <input type="checkbox"/> 403(b) | |

Please indicate if your Plan is ERISA or Non-ERISA.

- ☐ ERISA ☐ Non-ERISA

6. PREMIUM AMOUNT

- ☐ Full Account Value ☐ Partial Account Value (indicate amount here) \$ or % _____

7. PAYMENT OPTIONS (For Variable payments 3.5% is the assumed investment rate.)

- ☐ Fixed Only (Complete section 8A.)
- ☐ Variable Only (Complete section 8B.)
- ☐ Combined Fixed/Variable (Complete section 8C.)
- _____ % of Premium Fixed Allocation
- _____ % of Premium Variable Allocation

8. ANNUITY OPTIONS (Please complete section A, B OR C.)

- With all life annuity options, satisfactory evidence of date of birth of the Annuitant (and Joint Annuitant), must also be provided. A copy of the birth certificate or valid driver's license is acceptable. If the birth certificate or valid driver's license is not available, we will accept copies of two federally recognized forms of identification with Dates of Birth.
- Guarantee periods cannot extend beyond age 100 for non-qualified certificates or the earlier of age 100 and life expectancy for qualified certificates.
- If subject to ERISA a Joint Lifetime Option must be elected, unless spousal consent is provided.

PLEASE SELECT YOUR ANNUITY OPTION. (Please select one option only from either A, B or C, then choose one of the **Optional Features Available** within option selected.)

A. Fixed Only Payout Feature (Complete, then skip to section 10.)

Non-Lifetime Option

- ☐ A. Period Certain of _____ (5-50 years) (7-50 years in PA and OR if electing withdrawal options.)

Single Lifetime Option

- ☐ B. Single Life Only
- ☐ C. Single Life with Guarantee of _____ (5-50 years) (7-50 years in PA if electing withdrawal options.)

Joint Lifetime Option

- ☐ D. Joint & 100% Survivor
- ☐ E. Joint & 100% Survivor with Guarantee of _____ (5-50 years) (7-50 years in PA if electing withdrawal options.)
- ☐ F. Joint & 66 $\frac{2}{3}$ % Survivor (Not available if increasing annuity chosen.)
- ☐ G. Joint & 50% Survivor (Not available if increasing annuity chosen.)
- ☐ H. Joint & 50% Contingent Survivor (Not available if increasing annuity chosen.)

Optional Features Available (Select one option only.)

- ☐ No Optional Payout Features Chosen (This is the default if no selection is made.)
- ☐ Cash Refund (Available with Options B and D.)
- ☐ Withdrawal Option (Available with Options A, C, or E. Not available in NJ.)
- ☐ Increasing Annuity (Allowed only with Options A, B, C, D and E.)

Please choose annual increase amount:

- ☐ 1% ☐ 2% ☐ 3%

8. ANNUITY OPTIONS *(Continued)*

B. Variable Only Payout Feature *(Complete, then pick Fund Allocation in Section 9.)*

Non-Lifetime Option

- ☐ A. Period Certain of _____ (5-50 years)

Single Lifetime Option

- ☐ B. Single Life Only
☐ C. Single Life with Guarantee of _____ (5-50 years) *(7-50 years in PA if electing withdrawal options.)*

Joint Lifetime Option

- ☐ D. Joint & 100% Survivor
☐ E. Joint & 100% Survivor with Guarantee of _____ (5-50 years) *(7-50 years in PA if electing withdrawal options.)*
☐ F. Joint & 66 $\frac{2}{3}$ % Survivor
☐ G. Joint & 50% Survivor
☐ H. Joint & 50% Contingent Survivor

Optional Features Available *(Select one option only.)*

- ☐ No Optional Payout Features Chosen *(This is the default if no selection is made.)*
☐ Withdrawal Option *(Available with Options C or E. Not available for lifetime options in NJ, NY, OR and WA.)*
☐ Guarantee Minimum Income Feature (GMIF) *(Available on all Life Options (B-H) or Option A of 15 years or longer. Not available in WA. In OR and NJ, this option lasts for the duration of the certificate.)*

C. Combination Fixed/Variable Payout Feature *(Complete, then pick Fund Allocation in Section 9.)*

Non-Lifetime Option

- ☐ A. Period Certain of _____ (5-50 years) *(7-50 years in PA and OR if electing withdrawal options.)*

Single Lifetime Option

- ☐ B. Single Life Only
☐ C. Single Life with Guarantee of _____ (5-50 years) *(7-50 years in PA if electing withdrawal options.)*

Joint Lifetime Option

- ☐ D. Joint & 100% Survivor
☐ E. Joint & 100% Survivor with Guarantee of _____ (5-50 years) *(7-50 years in PA if electing withdrawal options.)*
☐ F. Joint & 66 $\frac{2}{3}$ % Survivor
☐ G. Joint & 50% Survivor
☐ H. Joint & 50% Contingent Survivor

Optional Features Available *(Select one option only.)*

- ☐ No Optional Payout Features Chosen *(This is the default if no selection is made.)*
☐ Withdrawal Option *(Available with Options C or E. Not available for lifetime options in NJ, NY, OR and WA.)*

9. INVESTMENT OPTIONS (Please complete if sections 8B or 8C are selected.)

Use only whole percentages. May select up to 18 investment options. For Combination Certificates the below investment allocation will apply only to the Premium Variable Allocation percentage indicated in section 7. For those who have selected the Guaranteed Minimum Income Feature (GMIF) option, only the funds noted with an asterisk (*) are available.

<input type="text"/> % (101) Calvert VP SRI Balanced Portfolio*	<input type="text"/> % (003) ING Money Market Portfolio*
<input type="text"/> % (133) Fidelity® VIP Contrafund® Portfolio	<input type="text"/> % (432) ING Oppenheimer Global Portfolio
<input type="text"/> % (108) Fidelity® VIP Equity-Income Portfolio*	<input type="text"/> % (439) ING PIMCO Total Return Portfolio*
<input type="text"/> % (109) Fidelity® VIP Growth Portfolio	<input type="text"/> % (772) ING Pioneer Fund Portfolio*
<input type="text"/> % (073) Franklin Small Cap Value Securities Fund	<input type="text"/> % (1220) ING Pioneer High Yield Portfolio *
<input type="text"/> % (440) ING American Century Small Cap Value Portfolio	<input type="text"/> % (1214) ING Pioneer Mid Cap Value Portfolio
<input type="text"/> % (008) ING Balanced Portfolio, Inc. *	<input type="text"/> % (2713) ING Russell™ Large Cap Growth Index Portfolio
<input type="text"/> % (436) ING Baron Growth Portfolio	<input type="text"/> % (1558) ING Russell™ Large Cap Index Portfolio
<input type="text"/> % (2015) ING BlackRock Large Cap Growth Portfolio	<input type="text"/> % (033) ING Strategic Allocation Conservative Portfolio*
<input type="text"/> % (682) ING Clarion Real Estate Portfolio*	<input type="text"/> % (031) ING Strategic Allocation Growth Portfolio*
<input type="text"/> % (264) ING Davis New York Venture Value Portfolio	<input type="text"/> % (032) ING Strategic Allocation Moderate Portfolio*
<input type="text"/> % (422) ING Global Bond Portfolio*	<input type="text"/> % (449) ING T. Rowe Price Diversified Mid Cap Growth Portfolio
<input type="text"/> % (100) ING Growth and Income Core Portfolio - Initial Class	<input type="text"/> % (617) ING T. Rowe Price Equity Income Portfolio
<input type="text"/> % (001) ING Growth and Income Portfolio*	<input type="text"/> % (111) ING T. Rowe Price Growth Equity Portfolio
<input type="text"/> % (035) ING Index Plus LargeCap Portfolio*	<input type="text"/> % (1586) ING Templeton Foreign Equity Portfolio
<input type="text"/> % (053) ING Index Plus MidCap Portfolio	<input type="text"/> % (105) ING UBS U.S. Large Cap Equity Portfolio*
<input type="text"/> % (052) ING Index Plus SmallCap Portfolio	<input type="text"/> % (3384) Invesco Van Kampen V.I. American Franchise Fund - Series I
<input type="text"/> % (004) ING Intermediate Bond Portfolio*	<input type="text"/> % (079) Invesco V.I. Core Equity Fund*
<input type="text"/> % (1551) ING International Index Portfolio	<input type="text"/> % (075) Lord Abbett Series Fund - Mid-Cap Value Portfolio
<input type="text"/> % (228) ING International Value Portfolio	
<input type="text"/> % (437) ING Invesco Van Kampen Comstock Portfolio*	
<input type="text"/> % (452) ING Invesco Van Kampen Equity and Income Portfolio*	
<input type="text"/> % (435) ING JPMorgan Mid Cap Value Portfolio	
<input type="text"/> % (742) ING Large Cap Growth Portfolio	
<input type="text"/> % (1213) ING Large Cap Value Portfolio	

(For Combination Funding you must indicate a Fixed Dollar Option percentage.)

<input type="text"/> %	ING Fixed Dollar
100%	Total must equal 100%.

10. BENEFICIARY INFORMATION

- If no beneficiary survives the certificate holder, payment will be made to the estate of the applicant.
- If a trust is the beneficiary, please submit the entire trust agreement.
- Unless otherwise stated, each living primary beneficiary will receive an equal share of proceeds.
- If no primary beneficiary is living, unless otherwise stated, proceeds will be paid equally to each living contingent beneficiary.
- If more than four (4) beneficiaries, please attach a separate sheet, signed and dated by the certificate holder(s).
- If subject to ERISA, a Spouse must be the primary beneficiary for at least 50%, unless spousal consent is provided.
- If indicating percentages, total must equal 100% (Example: 33%, 33%, 34%).

	Complete Legal Name and Address	DOB (mm/dd/yyyy)	Relationship	SSN	%
<input type="checkbox"/> Primary					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

11. PAYMENT INFORMATION

First Payment Due Date _____

Payment Frequency *(Select one.)* ☐ Monthly *(default)* ☐ Quarterly ☐ Semi-Annually ☐ Annually

If first payment due date is not indicated, the first check will be due one payment frequency after the Effective Date. First payment must be within 364 days after good order is achieved. If first payment due date indicated is less than 10 business days after good order is achieved, the payment date will be adjusted.

Form of Payment *(Select one.)*

☐ Check *(default)* ☐ Electronic Fund Transfer (EFT) *(If EFT is selected please complete the following section.)*

12. ELECTRONIC FUND TRANSFER *(Choosing this option will result in more timely access to your funds.)*

If you decide to have a withdrawal deposited directly into your bank account you need to complete the information below, and by doing so you authorize ING to initiate an electronic funds transfer (EFT). The electronic deposit is immediately available for use once the transfer is completed. The Company does not charge you for this service; the payment is typically completed within 3-4 business days.

Please verify the correct ABA routing number with your bank. If the electronic deposit cannot be completed using the information provided below, we will issue and mail a check to the Certificate Holder.

The EFT information must be clear and complete. If we are unable to read the instructions, in order to expedite the request, the payment will be made by check.

- EFT will not deposit to a third party account.
- EFT cannot be made outside of the U.S.

Account Type ☐ Checking or ☐ Savings Account

Bank Account # _____

ABA Routing # *(9 digits, verify with your bank)* _____

13. TAX WITHHOLDING

Please indicate whether or not federal/state income taxes should be withheld from payments.

Tax Withholding Notification

Regardless of whether or not you elect to have federal/state income taxes withheld, you are liable for those taxes on the taxable portion of the benefits. You may also be subject to tax penalties under the Estimated Tax Payment rules. You are advised to seek the advice of a qualified tax advisor prior to making this election. An election made for a single non-recurring distribution applies only to the payment for which it is being made. For recurring payments, your withholding election will remain in effect until changed or revoked. You may change or revoke your election at any time prior to a distribution being made by submitting IRS Form W-4P or W-4 as applicable. **If subject to eligible rollover distribution, mandatory 20% withholding will be applied.**

A. Federal Withholding – Use for qualified plan, IRA and non-qualified annuity plan payouts that are less than 10 years OR lump sum payments.

- ☐ I want federal income tax of 10% withheld from this payment. (Applicable to non-eligible rollover distribution requests such as Hardship, Required Minimum Distribution (RMD), IRA or non-qualified annuity distributions.)
- ☐ I do not want federal income tax withheld from this payment. (You may opt out only if 10% withholding applies. NOT an option if 20% mandatory withholding applies.)
- ☐ **Additional** amount, if any, I want withheld from my distribution \$_____.

DEFAULT: If no election is made, standard federal income tax withholding will occur applicable to your type of distribution.

B. Federal Withholding – Use for qualified plan, IRA and non-qualified annuity plan payouts that are 10 years or greater OR made over your lifetime or that of you and your beneficiary's lifetime.

- ☐ Check here if you do not want any federal income tax withheld from your pension or annuity.
- ☐ Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. _____
- Marital Status: ☐ Single ☐ Married ☐ Married, but withhold at higher "Single" rate
- ☐ **Additional** amount, if any, withheld from each pension or annuity payment \$_____.
(This amount is in **addition** to amount calculated from total number of allowances and marital status above.)

DEFAULT: If no election is made, standard federal income tax withholding will occur which is Married with three allowances.

C. Federal Withholding – Use for payouts from a non-governmental 457(b) tax-exempt entity and any other non-qualified deferred compensation plan.

Complete either 1 or 2.

1. Marital Status: ☐ Single ☐ Married ☐ Married, but withhold at higher single rate
(Note: If married, but legally separated, or spouse is a non-resident alien, check the Single box.)
- Total number of allowances you are claiming _____
- ☐ **Additional** amount, if any, you want deducted from each payment \$_____.
2. ☐ I claim exemption from withholding and I certify that I meet **BOTH** of the following conditions for exemption.
- Last year I had a right to a refund of **ALL** federal income tax withheld because I had NO tax liability AND
 - This year I expect a refund of **ALL** federal income tax withheld because I expect to have NO tax liability.
- Note:** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income and b) another person can claim you as a dependent on their tax return.

DEFAULT: If no election is made, federal income tax withholding will occur at a rate equal to an election of Single with zero allowances.

State Withholding

State income tax withholding may be withheld from your distribution. Certain states base your state withholding on your federal withholding election. In the event you live in one of those states, your distribution will be subject to state income tax withholding as specified in the attached State Income Tax Withholding Notification.

My residence state for tax purposes is: _____

Please refer to the attached State Income Tax Withholding Notification to determine your available withholding options, and complete your selection below, if applicable.

- ☐ I want state income tax withheld from this payment in the amount of \$ _____ or _____%. (You must check the box and provide a dollar or percentage amount.)
- ☐ I do not want state income tax withheld from this payment. (Please complete the attached State Income Tax Withholding Notification form or other state specific form, as applicable.)

NOTE: Different state income tax withholding rules apply for non-governmental 457(b) plans.

14. ACKNOWLEDGEMENT, TAX WITHHOLDING CERTIFICATION AND AUTHORIZED SIGNATURE

Under penalties of perjury, I declare that I have examined the tax withholding for state and federal purposes and to the best of my knowledge and belief it is true, correct and complete, including state and federal opt out elections, as applicable.

- I understand that when based on the investment experience of a Separate Account, all payments and certificate values are variable and are not guaranteed as to fixed dollar amount, and I have received a current prospectus.
- If payments are directed to a bank account, I authorize and direct the bank to refund to the Company and charge to my account the amount of any payments made to the bank for any due date after my death.
- I have received a current prospectus. ☐ Check here to receive a Statement of Additional Information.

☐ Check here to authorize the Company to hold your application and Purchase Payment if it cannot accept the application within five (5) business days after receiving it at its designated location.

TAX RESIDENCY INFORMATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (including U.S. resident alien) (as defined in the instructions for IRS form W-9).
(If you are subject to back-up withholding, you must strike through statement number 2.)

If you are not a U.S. citizen or other U.S. person, please check the box below to indicate your status as a Non-Resident Alien.

- ☐ Non-Resident Alien (Must submit an original IRS Form W-8BEN or other applicable form W-8.)
As a non-resident alien, your taxable income is subject to 30% U.S. federal tax withholding unless tax treaty provisions can be applied. If you are eligible to claim tax treaty benefits, your IRS form W-8 must include a U.S. taxpayer identification number in Part I and all applicable fields in Part II must be completed. A U.S. taxpayer identification number may be applied for by submitting a Form W-7 to the Internal Revenue Service (IRS). IRS forms W-8 and W-7 are available on their web site www.irs.gov or by contacting them at 800-829-1040.

I certify that I have received and understand the Special Tax Notice Regarding Important Tax Information and, if applicable, waive the 30 day notice requirement.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications (in bold above) required to avoid backup withholding.

 **Certificate Holder Signature** _____ Date (mm/dd/yyyy) _____

City/Town, State where signed _____

15. EMPLOYER, PLAN SPONSOR OR NAMED FIDUCIARY AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed by the Employer or its designee if required by a contract between the Company and the Employer.

I am an Employer, Plan Sponsor, or Named Fiduciary of the Plan identified above and certify the following:

- I have read and agree to the terms of the requested withdrawal;
- I have verified the Certificate Holder's eligibility for such withdrawal and have not relied solely on information provided by the Certificate Holder in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document;
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Certificate Holder to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me; and
- I have amended my Plan document to reflect all applicable federal tax legislation and IRS guidance, including the Pension Protection Act of 2006, in accordance with the IRS's remedial amendment period.

Authorized Signer Name (Please print.) _____

Signature _____ Date (mm/dd/yyyy) _____

16. PRODUCER INFORMATION AND SIGNATURE

If any questions below are answered "Yes," the applicant must complete and submit any state-required replacement forms/sales material, as applicable, with this application.

Does the applicant have any existing individual life insurance policies or annuity contracts? ☐ Yes ☐ No

Do you have reason to believe that the contract applied for will replace any existing annuity or life insurance coverage? ☐ Yes ☐ No

If your state has adopted replacement regulations, did you remember to do the following?

☐ Provide required replacement notice to the applicant and offer to read it aloud.

☐ Complete required, state-specific paperwork.

☐ Check here if there is more than one producer on this certificate.

Split for Producer #1 _____%, Producer #2 _____%, Producer #3 _____%

Please note: Compensation will be split equally if no percentages are indicated. Partial percentages will be rounded up. Producer #1 will be given the highest percentage in the case of unequal percentages. Producer #1 will receive all correspondence regarding the policy.

Producer #1

Name (*Please print.*) _____ Signature _____

Producer Number/SSN _____ State License # _____

Address _____

City _____ State _____ ZIP _____

Producer Phone _____ E-mail Address _____

Broker/Dealer Affiliation _____ Dealer Name _____

Branch Office _____ Broker/Dealer ID _____

For questions, call: ☐ Producer ☐ Broker/Dealer

Producer #2

Name (*Please print.*) _____ Signature _____

Producer Number/SSN _____ State License # _____

Producer #3

Name (*Please print.*) _____ Signature _____

Producer Number/SSN _____ State License # _____

SERFF Tracking #:	INGD-128829155	State Tracking #:		Company Tracking #:	157960 (01/13)
State:	Arkansas	Filing Company:	ING Life Insurance and Annuity Company		
TOI/Sub-TOI:	A02.1G Group Annuities - Deferred Non-Variable and Variable/A02.1G.002 Flexible Premium				
Product Name:	157960 (01/13)				
Project Name/Number:	157960 (01/13)/157960 (01/13)				

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:	Please see the attached statement of variability.		
Attachment(s):			
S Of V 157960 Most.pdf			

ING LIFE INSURANCE AND ANNUITY COMPANY
STATEMENT OF VARIABILITY
Form 157960 (01/13)

Page 1-3

Company Name and Tag Line: *[ING Life Insurance and Annuity Company
A member of the ING family of companies]*

- We reserve the right to modify the company name and tag line to the extent necessary to accurately reflect current company operations and to adhere to the current company brand requirements.

Entity Definition: *[As used on this form, the term "ILIAC," "the Company," "we," "us" or "our" refers to your plan's funding agent and/or administrative services provider. Contact us for more information.]*

- We reserve the right to modify entity to the extent necessary to accurately reflect current company operations.

Address: *[PO Box 990063, Hartford, CT 06199-0063
Phone: 800-238-6273 Fax: 800-435-5366]*

- We reserve the right to modify the company address, phone and fax to the extent necessary to accurately reflect current company operations.



Logo:

- We reserve the right to modify the company logo to the extent necessary to adhere to the current company brand requirements.

State Required Notices: *[To help the government.....or civil damages.]*

- The state required notices may change depending upon the most current state mandated notices that should appear on the application.

Page 4

Type of Certificate: *[☐ 457 Governmental ☐ Non-ERISA]*

- We reserve the right to add or remove types of contracts as federal law allows.

Payment Options: *[(For Variable payments 3.5% is the assumed investment rate.)]*

- We reserve the right to offer 3.5 and/or 5% Assumed Investment Rate as market fluctuations make sense.

Page 6

Fund Selection: *[Calvert VP SRI Balanced Portfolio*... (075) Lord Abbett Series Fund Mid Cap Value Portfolio]*

The fund selection and corresponding footnotes may vary if a fund is introduced, no longer available for investment, or is substituted for an existing fund. The fund selection and footnotes may also vary if an existing fund's name is changed or eliminated. In addition, if an Automatic Program is no longer offered, references to the program will be removed.

Page 7

Electronic Fund Transfer: *[If you decide, ...(#9 digits, verify with your bank)]*

- We reserve the right to update EFT section as requirements offered by the company change.

Page 8

Tax Withholding: *[Please indicate whether... for non-governmental 457(b) plans.]*

- We reserve the right to update state and federal withholding as the IRS mandates

All pages

Order # and TM footer: *[Order #157960 Form #300 Group SPIA Enrollment 10/30/2012
TM: PAYOUTSRVS/SPIAAP]*

- We reserve the right to update the order # and TM footer information as the Company requires.